

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) **36-4418271**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**9550 W. 167th Street
Orland Park, IL 60467**

Number, Street, City, State & ZIP Code

**c/o Parkview Orthopaedic Group
7600 College Dr.
Palos Heights, IL 60463**

P.O. Box, Number, Street, City, State & ZIP Code

Cook

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership

☐ Other. Specify: _____

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53AB))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship to you	_____
District	_____	When	_____
		Case number, if known	_____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Request for Relief, Declaration, and Signature

WARNING – Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 3, 2015
MM / DD / YYYY

X /s/ Steve Wardell

Signature of authorized representative of debtor

Steve Wardell

Printed name

Title Authorized Representative

18. Signature of attorney

X /s/ Daniel A. Zazove

Signature of attorney for debtor

Date **December 3, 2015**

MM / DD / YYYY

Daniel A. Zazove

Printed name

Perkins Coie LLP

Firm name

131 S Deaborn St, Suite 1700

Chicago, IL 60603

Number, Street, City, State & ZIP Code

Contact phone **312.324.8605**

Email address **DZazove@perkinscoie.com**

ARDC No. 3104117

Bar number and State

Fill in this information to identify the case:

Debtor name Orland Park Surgical Center, L.L.C., an Illinois limited liability company

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 69,937.08

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 69,937.08

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 387,828.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*..... +\$ 1,823,769.71

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 2,211,597.71

Fill in this information to identify the case:Debtor name Orland Park Surgical Center, L.L.C., an Illinois limited liability companyUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

Checking Account (Demand Deposit statement printed 5/6/15)**Last 4 digits of Acc# : 2001****Checking Account****Standard Bank and Trust, 7800 W. 95th St.****Checking Account (Demand Deposit statement printed 5/6/15)**3.1.. **Hickory Hills, IL 60457****2001****\$69,937.08****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$69,937.08**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

Debtor **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**
Name

Case number (If known)

11b. Over 90 days old: **129,220.74** - **129,220.74** =.... **Unknown**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures Medical equipment and fixtures Location: 9550 W. 167th Street, Orland Park IL 60467 See Q.40 Attachment - Net Book Value Surrendered to secured lender pursuant to attached Secured Obligations Satisfaction Agreement	\$64,813.00		Unknown
41.	Office equipment, including all computer equipment and communication systems equipment and software Office equipment Location: 9550 W. 167th Street, Orland Park IL 60467 (see Q.40 attached asset detail/equipment list)	\$0.00		Unknown

Debtor **Orland Park Surgical Center, L.L.C., an Illinois limited liability company** Case number (If known)
Name

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. See attached Lease Termination Agreement		\$0.00		\$0.00

56. **Total of Part 9.**
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.

Debtor **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**
Name

Case number *(If known)*

☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**
Name _____

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$69,937.08</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$69,937.08</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$69,937.08</u>

Fill in this information to identify the case:

Debtor name Orland Park Surgical Center, L.L.C., an Illinois limited liability company

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	M&I Marshall & Isley Bank <small>Creditor's Name</small> 50 S 6th St, Suite 1000 Minneapolis, MN 55402 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Equipment Location: 9550 W. 167th Street, Orland Park IL 60467 Describe the lien UCC 013293996 3/18/13 (cont #009231870) Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown

2.2	Smith & Nephew Finance <small>Creditor's Name</small> c/o Creekridge Capital LLC 7808 Creekridge Circle, Ste 250 Minneapolis, MN 55439 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number	Describe debtor's property that is subject to a lien Equipment Location: 9550 W. 167th Street, Orland Park IL 60467 Describe the lien Financing related to Equipment Use Agreement No. 0170102; UCC #9231799 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$23,828.00	Unknown
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Case number (if know) _____

First Name

Middle Name

Last Name

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☐ Disputed

2.3

Standard Bank & Trust Company

Creditor's Name

Attn A. Howaniec, VP Spec Assets
7800 W 95th St
Hickory Hills, IL 60457

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Checking Account (Demand Deposit statement printed 5/6/15)

Last 4 digits of Acc# : 2001

Checking Account

Standard Bank and Trust, 7800 W. 95th St. Hickory Hills, IL 60457

\$364,000.00

\$69,937.08

Describe the lien

Loan; UCCs 17194712, 17194720

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$387,828.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Line 2.3

Last 4 digits of account number for this entity

Konstantinos Amiros
Arnstein & Lehr
120 S. Riverside Plz, Ste 1200
Chicago, IL 60606

Smith & Nephew Finance-LB#17
Attn Accts Receivable
PO Box 1880
Minneapolis, MN 55480

Line 2.2

Fill in this information to identify the case:

Debtor name Orland Park Surgical Center, L.L.C., an Illinois limited liability company

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1

Priority creditor's name and mailing address

Illinois Dept. of Revenue
BK Unit Level 7-425
100 Randolph S
Chicago, IL 60601

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00 \$ 0.00

Date or dates debt was incurred

Basis for the claim:
For notice purposes

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim:

11 U.S.C. § 507(a) (8)

2.2

Priority creditor's name and mailing address

Internal Revenue Service
Centralized Insolvency
Operations
PO Box 7346
Philadelphia, PA 19101-7346

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00 \$ 0.00

Date or dates debt was incurred

Basis for the claim:
For notice purposes

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

Specify Code subsection of PRIORITY
unsecured claim:

11 U.S.C. § 507(a) (8)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1

Nonpriority creditor's name and mailing address

Access
PO Box 415938
Boston, MA 02241

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ DisputedBasis for the claim: **Records Storage**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1320**

Amount of claim

\$ **3,355.19**

3.2

Nonpriority creditor's name and mailing address

Accountable Healthcare
999 Yamoto Rd, Suite 210
Boca Raton, FL 33431

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$ **2,938.38**

3.3

Nonpriority creditor's name and mailing address

Advocate Medical Group
Attn Officer or Legal Dept.
20110 Governors Hwy
Olympia Fields, IL 60461

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Rent**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$ **157,678.29**

3.4

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **1,745.99**

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

Airgas
259 N. Radnor-Chester Rd
Suite 100
Radnor, PA 19087-5283

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Medical Supplies**

Date or dates debt was incurred

Is the claim subject to offset?

☒ NoLast 4 digits of account number **5667**☐ Yes

3.5

Nonpriority creditor's name and mailing address
Anderson & Whitney
5801 W 11th St., Suite 300
Greeley, CO 80634

As of the petition filing date, the claim is:

\$ **1,695.51**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Accountant**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.6

Nonpriority creditor's name and mailing address
Arthrex
1370 Creekside Blvd
Naples, FL 34108

As of the petition filing date, the claim is:

\$ **28,985.26**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Med Devices**

Date or dates debt was incurred

Is the claim subject to offset?

☒ NoLast 4 digits of account number **1396**☐ Yes

3.7

Nonpriority creditor's name and mailing address
Baxter Healthcare
Corporate Office
One Baxter Parkway
Deerfield, IL 60015

As of the petition filing date, the claim is:

\$ **2,432.14**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Med Supplies**

Date or dates debt was incurred

Is the claim subject to offset?

☒ NoLast 4 digits of account number **2814**☐ Yes

Debtor 1

Case number (if know)

First Name

Middle Name

Last Name

3.8

Nonpriority creditor's name and mailing address

BlueCross BlueShield of Illinois
Attn Legal or Claims Dept
300 E. Randolph St
Chicago, IL 60601

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ **1,380,605.55**Basis for the claim: **Insurance Claims**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.9

Nonpriority creditor's name and mailing address

Canara Associates Inc
7326 Ticonderoga Rd
Downers Grove, IL 60516

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **628.45**

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

50893.1
0

Nonpriority creditor's name and mailing address

Cardinal Health Medical Products
Corporate Office
7000 Cardinal Place
Dublin, OH 43017

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **17,058.10**Basis for the claim: **Med Supplies**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

74753.1
1

Nonpriority creditor's name and mailing address

Cardinal Health Wholesale
Corporate Office
7000 Cardinal Place
Dublin, OH 43017

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **9,576.47**Basis for the claim: **Med Supplies**

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

4259

☐ Yes

3.1
2

Nonpriority creditor's name and mailing address

Centurion Medical Products
100 Centurion Way
Williamston, MI 48895

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **Med Supplies**

\$ **22.59**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

3909

☐ Yes

3.1
3

Nonpriority creditor's name and mailing address

Chicago Office Technology Group
(COTG)
Headquarters
4 Territorial Court, Suite S
Bolingbrook, IL 60440-3558

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

\$ **431.11**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.1
4

Nonpriority creditor's name and mailing address

Cintas Corporation
Corporate Headquarters
6800 Cintas Boulevard
Mason, OH 45040

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

\$ **497.18**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

1895

☐ Yes

3.1
5

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **7,601.52**

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

Clinical Electronic Services
c/o David L. Anders
16860 S. Oak Park Ave
Tinley Park, IL 60477

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: **Case No. 15M51762, Cook**
County, Municipal Dept, Fifth
District

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1
6

Nonpriority creditor's name and mailing address

Comcast
1701 John F Kennedy Boulevard
Philadelphia, PA 19103

As of the petition filing date, the claim is:

\$ **524.38**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Communications**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

37303.1
7

Nonpriority creditor's name and mailing address

ComputerER
3876 S. Magnolia Way
Denver, CO 80237

As of the petition filing date, the claim is:

\$ **0.00**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.1
8

Nonpriority creditor's name and mailing address

CuraScript Inc
6272 Lee Vista Blvd
Orlando, FL 32822

As of the petition filing date, the claim is:

\$ **504.22**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Debtor 1 |

First Name

Middle Name

Last Name

Case number (if know)

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

3958

☐ Yes3.1
9

Nonpriority creditor's name and mailing address

Datex Ohmeda Inc
c/o GE Healthcare
9900 W Innovation Dr
Milwaukee, WI 53226

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes3.2
0

Nonpriority creditor's name and mailing address

Dust Catchers Inc
8801 S South Chicago Ave
Chicago, IL 60617

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 191.07

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

1124

☐ Yes3.2
1

Nonpriority creditor's name and mailing address

Enviro Resources II Inc
26W021 Wisconsin Ave
Naperville, IL 60563

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 13,629.00

Basis for the claim: Med Supplies

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes3.2
2

Nonpriority creditor's name and mailing address

ExpertPlan
c/o Ascensus Inc
415 8th Ave NE
Brainerd, MN 56401

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 117.00

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

4634

☐ Yes3.2
3

Nonpriority creditor's name and mailing address

FedEx Corporate Offices
Three Galleria Tower
13155 Noel Road, Suite 1600
Dallas, TX 75240

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

8692

☐ Yes3.2
4

Nonpriority creditor's name and mailing address

Healthcare Waste Management
700 E 107th St
Chicago, IL 60628

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Waste Removal**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

7301

☐ Yes3.2
5

Nonpriority creditor's name and mailing address

HLS Wheeling LLC
45 W Hintz Rd
Wheeling, IL 60090

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Laundry Service**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes3.2
6

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

Holland Printing
1007 E 162nd St
South Holland, IL 60473

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.2
7

Nonpriority creditor's name and mailing address
HuschBlackwell LLP
PO Box 802765
Kansas City, MO 64180

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Legal Services**

\$ **1,035.00**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.2
8

Nonpriority creditor's name and mailing address
Illinois Dept of Public Health
Attn Karen Senger
525-535 W. Jefferson St
Springfield, IL 62761

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **For notice purposes**

\$ **0.00**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.2
9

Nonpriority creditor's name and mailing address
Illinois Emergency Management Agency
Attn J. England, Staff Attorney
2200 S. Dirksen Pkwy
Springfield, IL 62703

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

\$ **350.00**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0191**

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

3.3
0

Nonpriority creditor's name and mailing address
Illinois Health Fac.and Svc Review Bd
Attn Jeannie Mitchell, Assistant GC
69 W. Washington St., Ste 3501
Chicago, IL 60602

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ **80,000.00**

Basis for the claim: **Notice of Intent to Impose a Fine,
HFSRB #15-06**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.3
1

Nonpriority creditor's name and mailing address
J&J Healthcare Systems Inc
425 Hoes Lane
Piscataway, NJ 08854

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **7,163.29**Basis for the claim: **Medical Supplies**

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.3
2

Nonpriority creditor's name and mailing address
Karl Storz Endoscopy-America Inc
2151 E. Grand Ave.
El Segundo, CA 90245

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **2,543.63**

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2409**3.3
3

Nonpriority creditor's name and mailing address
Liberty Mutual Insurance
FCS OP Team
PO Box 8017
Wausau, WI 54402

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ **9,971.84**Basis for the claim: **Claim Overpayment**

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

2268

☐ Yes3.3
4

Nonpriority creditor's name and mailing address

LifeNet Health
1864 Concert Dr
Virginia Beach, VA 23453

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes3.3
5

Nonpriority creditor's name and mailing address

Lincoln National Life Insurance
150 N. Rad Chester Rd., Ste. A
Radnor, PA 19087

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,260.00

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes3.3
6

Nonpriority creditor's name and mailing address

McGuire Woods
PO Box 641936
Pittsburgh, PA 15264

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 205.00

Basis for the claim: Public Affairs

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

0002

☐ Yes3.3
7

Nonpriority creditor's name and mailing address

McKesson Medical Surgical
One Post St
San Francisco, CA 94104

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,372.98

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

Basis for the claim: **Medical Devices**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

4780☐ Yes3.3
8

Nonpriority creditor's name and mailing address

**Medical Arts Press
c/o Quill
100 Schelter Rd
Lincolnshire, IL 60069**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

\$ **209.79**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

2706☐ Yes3.3
9

Nonpriority creditor's name and mailing address

**Medline Industries Inc
One Medline Place
Mundelein, IL 60060**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

\$ **1,216.08**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

8580☐ Yes3.4
0

Nonpriority creditor's name and mailing address

**Merchant Services
8741 Landmark Road
Richmond, VA 23228**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Credit Card Payments**\$ **199.16**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

9885☐ Yes3.4
1

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **693.35**

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

Microaire
3590 Grand Forks Blvd
Charlottesville, VA 22911

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number **2010**

☐ Yes

3.4
2

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **1,875.69**

Modern Leap Inc
c/o Experian
PO Box 886133
Los Angeles, CA 90088

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number **1063**

☐ Yes

3.4
3

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **223.00**

Natural Settings Inc
95 N Marion Ct., Unit 233
Punta Gorda, FL 33950

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Plant Service

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number **9489**

☐ Yes

3.4
4

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **120.00**

Nebo Systems Inc
1 S 450 Summit Ave, Suite 270
Oakbrook Terrace, IL 60181

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number **7074**

☐ Yes

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

3.4
5

Nonpriority creditor's name and mailing address

**New Pig Corporation
One Pork Avenue
Tipton, PA 16684**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **604.72**

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number **4762**

☐ Yes

3.4
6

Nonpriority creditor's name and mailing address

**Nuance Communications Inc
1 Wayside Rd
Burlington, MA 01803**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **1,350.58**

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number **8374**

☐ Yes

3.4
7

Nonpriority creditor's name and mailing address

**OEC Medical Systems
c/o GE Healthcare
9900 W Innovation Dr
Milwaukee, WI 53226**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **0.00**

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes

3.4
8

Nonpriority creditor's name and mailing address

**Office Depot
6600 N Military Trail
Boca Raton, FL 33496**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **1,796.28**

Basis for the claim: **Office Supplies**

Debtor 1 |

First Name

Middle Name

Last Name

Case number (if know)

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

4113

☐ Yes3.4
9

Nonpriority creditor's name and mailing address

Ohio Medical Corporation
6690 Eagle Way
Chicago, IL 60678

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **315.41**

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

4117

☐ Yes3.5
0

Nonpriority creditor's name and mailing address

Paragon Service
204 West Bennett St
Saline, MI 48176

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **4,918.34**Basis for the claim: **Device Maintenance**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

1234

☐ Yes3.5
1

Nonpriority creditor's name and mailing address

Pinnacle III LLC
1658 Cole Blvd, Suite 100
Lakewood, CO 80401

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ **43,377.20**Basis for the claim: **Management Fees**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes3.5
2

Nonpriority creditor's name and mailing address

Pitney Bowes
251 Holbrook Dr
Wheeling, IL 60090

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **91.69**

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

Basis for the claim: **Postal Meter**

Date or dates debt was incurred

Is the claim subject to offset?

☒ NoLast 4 digits of account number **3867**☐ Yes3.5
3

Nonpriority creditor's name and mailing address

**Precision Dynamics Corporation
27770 N. Entertainment Dr., Suite 200
Valencia, CA 91355**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

\$ **0.00**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes3.5
4

Nonpriority creditor's name and mailing address

**Principle Valuation LLC
230 W. Monroe, Suite 2540
Chicago, IL 60606**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

\$ **0.00**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes3.5
5

Nonpriority creditor's name and mailing address

**Richard's Medical Equipment Inc.
1130-B Larkin Dr.
Wheeling, IL 60090**

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: **Medical Devices**\$ **416.10**

Date or dates debt was incurred

Is the claim subject to offset?

☒ NoLast 4 digits of account number **9543**☐ Yes3.5
6

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **817.48**

Debtor 1

Case number (if know)

First Name

Middle Name

Last Name

Savings Squared Medical
695 5th St., #12
San Francisco, CA 94107

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

3505☐ Yes3.5
7

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **182.70**

SourceMark LLC
100 Winners Circle, Suite 250
Brentwood, TN 37027

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

4808☐ Yes3.5
8

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **6,118.27**

SourceMedical
100 Grandview Place, Suite 400
Birmingham, AL 35243

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Therapy Services**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

2470☐ Yes3.5
9

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ **6,264.23**

Steris Corporation
5960 Heisley Road
Mentor, OH 44060

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Medical Supplies**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

6498☐ Yes

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

3.6
0

Nonpriority creditor's name and mailing address

Steven Wardell MD
Parkview Musculoskeletal
7600 College Dr
Palos Heights, IL 60463

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **5,833.34**

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes3.6
1

Nonpriority creditor's name and mailing address

Stryker Instruments
PO Box 70119
Chicago, IL 60673

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **4,458.93**Basis for the claim: **Medical Devices**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

2512☐ Yes3.6
2

Nonpriority creditor's name and mailing address

Terry Arient Executor for Kathy Arient
c/o Robert Napleton
Motherway & Napleton, LLP
140 S. Dearborn St, Ste 1500
Chicago, IL 60603

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ **0.00**

Basis for the claim: **For Notice Purposes**
Lawsuit 12 L 14249, Cook
County, Law Division

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

☐ Yes3.6
3

Nonpriority creditor's name and mailing address

Therm Flo, Inc.
100 Grandview PI, Suite 400
Birmingham, AL 35243

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ **709.00**Basis for the claim: **PM Inspections**

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

nd00

☐ Yes

3.6
4

Nonpriority creditor's name and mailing address

Warehouse Direct
2001 S. Mount Prospect Rd.
Des Plaines, IL 60018

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

\$ **518.46**

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

700S

☐ Yes

3.6
5

Nonpriority creditor's name and mailing address

Wells Fargo Financial Leasing, Inc.
800 Walnut Street
MAC F4031-040
Des Moines, IA 50309

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

\$ **3,029.83**

Basis for the claim: **Xerox Copiers**

Date or dates debt was incurred

Is the claim subject to offset?

☒ No

Last 4 digits of account number

2206

☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

4.1

Name and mailing address

Access
Attn Lynda Geith
6902 Patterson Pass Rd, Suite G
Livermore, CA 94550

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Line **3.1**

☐ Not listed. Explain

Last 4 digits of account number, if any

4.2

Accountable Healthcare
Attn Accounts Receivable
PO Box 650539
Dallas, TX 75265-0539

Line **3.2**

☐ Not listed. Explain

Debtor 1 **Steve Wardell**

First Name

Middle Name

Last Name

Case number (if know) _____

4.3

Airgas
5235 9th Ave
La Grange, IL 60525Line **3.4**☐

Not listed. Explain _____

4.4

Arthrex
Attn Accounts Receivable
PO Box 403511
Atlanta, GA 30384-3511Line **3.6**☐

Not listed. Explain _____

4.5

Baxter Healthcare
Attn Accts Receivable
PO Box 70564
Chicago, IL 60673Line **3.7**☐

Not listed. Explain _____

4.6

Cardinal Health Medical Products
Attn Accts Receivable
PO Box 70539
Chicago, IL 60673Line **3.10**☐

Not listed. Explain _____

4.7

Centurion Medical Products
Attn Accts Receivable
PO Box 842816
Boston, MA 02284-2816Line **3.12**☐

Not listed. Explain _____

4.8

Chicago Office Technology Group
Attn Astria Vasquez
3 Territorial Court
Bolingbrook, IL 60440Line **3.65**☐

Not listed. Explain _____

4.9

Cintas Corp
Attn Accts Receivable
PO Box 740855
Cincinnati, OH 45274-0855Line **3.14**☐

Not listed. Explain _____

4.1

0

Clinical Electronic Services
14408 Edison Dr
New Lenox, IL 60451Line **3.15**☐

Not listed. Explain _____

4.1

1

Comcast Cable
Attn Accts Receivable
PO Box 3002
Southeastern, PA 19398-3002Line **3.16**☐

Not listed. Explain _____

4.1

2

CuraScript Specialty Distribution
Attn Accts Receivable
PO Box 533307
Charlotte, NC 28290Line **3.18**☐

Not listed. Explain _____

4.1

3

Datex Ohmeda Inc
Attn Accts Receivable
PO Box 641936
Pittsburgh, PA 15264Line **3.19**☐

Not listed. Explain _____

4.1

4

Enviro Resources II Inc.
1007 E 162nd St
South Holland, IL 60473Line **3.21**☐

Not listed. Explain _____

Debtor 1

Case number (if know)

First Name

Middle Name

Last Name

4.1
5

ExpertPlan Inc
Attn Accts Receivable
PO Box 28450
New York, NY 10087

Line **3.22**☐ Not listed. Explain4.1
6

FedEx
Attn Accts Receivable
901 E. Carry Street
Richmond, VA 23219

Line **3.23**☐ Not listed. Explain4.1
7

Healthcare Waste Management
Attn Accts Receivable
PO Box 1218
Frankfort, IL 60423

Line **3.24**☐ Not listed. Explain4.1
8

HLS-Wheeling LLC
95 N Marion Ct., Unit 233
Punta Gorda, FL 33950

Line **3.25**☐ Not listed. Explain4.1
9

LifeNet Health
Attn Accts Receivable
PO Box 79636
Baltimore, MD 21279-0636

Line **3.34**☐ Not listed. Explain4.2
0

Lincoln National Life Insurance
Attn Accts Receivable
PO Box 0821
Carol Stream, IL 60132-0821

Line **3.35**☐ Not listed. Explain4.2
1

McKesson Medical Surgical
Attn Accts Receivable
PO Box 933027
Atlanta, GA 31193-3027

Line **3.37**☐ Not listed. Explain4.2
2

Medical Arts Press
Attn Accts Receivable
PO Box 37647
Philadelphia, PA 19101-0647

Line **3.38**☐ Not listed. Explain4.2
3

Microaire
Attn Accts Receivable
PO Box 96565
Chicago, IL 60693

Line **3.41**☐ Not listed. Explain4.2
4

Modern Leap Inc
3207 Lightning Court
New Lenox, IL 60451

Line **3.42**☐ Not listed. Explain4.2
5

Nebo Systems Inc
Attn Accts Receivable
PO Box 886133
Los Angeles, CA 90088

Line **3.44**☐ Not listed. Explain

Debtor 1

First Name

Middle Name

Last Name

Case number (if know)

4.2
6

Nuance Communications Inc
Attn Accts Receivable
1130-B Larkin Dr
Wheeling, IL 60090

Line **3.46**☐

Not listed. Explain

4.2
7

Office Depot
Attn Accts Receivable
PO Box 88040
Chicago, IL 60680

Line **3.48**☐

Not listed. Explain

4.2
8

Paragon Service
2151 E Grand Ave
El Segundo, CA 90245

Line **3.50**☐

Not listed. Explain

4.2
9

Pinnacle III, LLC
4100 E Milham Avenue
Kalamazoo, MI 49002

Line **3.51**☐

Not listed. Explain

4.3
0

Pitney Bowes Financial Services LLC
PO Box 371874
Pittsburgh, PA 15250-7874

Line **3.52**☐

Not listed. Explain

4.3
1

Precision Dynamics Corporation
Attn Accts Receivable
PO Box 71549
Chicago, IL 60694

Line **3.53**☐

Not listed. Explain

4.3
2

Richard's Medical Equipment Inc
Attn Accts Payable
800 Walnut Street
Des Moines, IA 50309-3605

Line **3.55**☐

Not listed. Explain

4.3
3

SourceMedical
Attn Accts Receivable
1658 Cole Blvd, Ste 100
Lakewood, CO 80401

Line **3.58**☐

Not listed. Explain

4.3
4

Stryker Instruments
2825 Airview Blvd
Kalamazoo, MI 49002

Line **3.61**☐

Not listed. Explain

4.3
5

Wells Fargo Leasing
5960 Heisley Road
Mentor, OH 44060

Line **3.65**☐

Not listed. Explain

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****5a. Total claims from Part 1**5a. \$ **0.00****5b. Total claims from Part 2**5b. + \$ **1,823,769.71****5c. Total of Parts 1 and 2**
Lines 5a + 5b = 5c.5c. \$ **1,823,769.71**

Fill in this information to identify the case:

Debtor name **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest
Lease dated October 1, 2001, amended January 31, 2012, between Debtor and Midwest Physician Group Ltd. for premises at 9550 W. 167th Street, Orland Park, IL. Terminated per Lease Termination Agreement attached.

State the term remaining

List the contract number of any government contract

**Midwest Physician Group, Ltd.
Attn Chief Executive Officer
20110 Governors Highway
Olympia Fields, IL 60461**

2.2. State what the contract or lease is for and the nature of the debtor's interest
Supplies related to Equipment Use Agreement No. 0170102; UCC #9231799

State the term remaining

List the contract number of any government contract

**Smith & Nephew Finance
c/o Creekridge Capital LLC
7808 Creekridge Circle, Ste 250
Minneapolis, MN 55439**

2.3. State what the contract or lease is for and the nature of the debtor's interest
Agreement #001-0112206-001/002 for 48 month Equipment Lease for Xerox W5330PT, Ref AE9204895, A99204936, supplied by Chicago Office Technology Group, 4 Territorial Ct., Bolingbrook, IL 60440; lease signed 5/29/12

State the term remaining

List the contract number of any government contract

**Wells Fargo Financial Leasing, Inc.
800 Walnut Street
MAC F4031-040
Des Moines, IA 50309**

Debtor 1 **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**

First Name Middle Name Last Name

Case number (if known) _____

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Fill in this information to identify the case:

Debtor name Orland Park Surgical Center, L.L.C., an Illinois limited liability company

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

15090000 Orland Park Surgical Center LLC

01/27/2015 1:39 PM

Book Asset Detail 1/01/14 - 12/31/14

36-4418271

FYE: 12/31/2014

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: Building Improvement												
201		ASC-Share Bld Improvement- 91%	3/18/02	364,000.00	0.00	0.00	364,000.00	0.00	364,000.00	0.00 S/L		5.00
202		External Sign- 50% Deposit	4/23/02	5,700.00	0.00	0.00	5,700.00	0.00	5,700.00	0.00 S/L		5.00
203		ASC-Share Bld Improvement- 9%	6/25/02	36,000.00	0.00	0.00	36,000.00	0.00	36,000.00	0.00 S/L		5.00
204		External Sign-50% Balance Due	7/03/02	5,899.00	0.00	0.00	5,899.00	0.00	5,899.00	0.00 S/L		5.00
205		External Sign- Medical Campus	8/07/02	7,075.34	0.00	0.00	7,075.34	0.00	7,075.34	0.00 S/L		5.00
206		Shared Bld Improvement 22%	1/10/07	87,230.00	0.00	0.00	54,518.71	8,723.00	63,241.71	23,988.29 S/L		10.00
207		Medical Gas and Vacuum Lines	2/14/07	6,163.49	0.00	0.00	3,852.18	616.35	4,468.53	1,694.96 S/L		10.00
208		Medial Gas and Vacuum Lines Control	2/21/07	967.26	0.00	0.00	604.55	96.73	701.28	265.98 S/L		10.00
209		Alarm Panel for Gas System	2/28/07	1,594.05	0.00	0.00	996.29	159.41	1,155.70	438.35 S/L		10.00
210		Shared Bld Improvement 23%	2/28/07	91,195.00	0.00	0.00	56,996.88	9,119.50	66,116.38	25,078.62 S/L		10.00
211		Medial Gas and Vacuum Lines	3/14/07	826.02	0.00	0.00	516.26	82.60	598.86	227.16 S/L		10.00
212		2- Or Lights, Harmony LC Non-Camera	3/14/07	35,518.04	0.00	0.00	22,198.77	3,551.80	25,750.57	9,767.47 S/L		10.00
213		Medical Gas Vacuum Lines	4/04/07	14,514.04	0.00	0.00	9,071.27	1,451.40	10,522.67	3,991.37 S/L		10.00
214		Rauland Responder 4000 Nurse Call System	4/11/07	16,132.00	0.00	0.00	10,082.50	1,613.20	11,695.70	4,436.30 S/L		10.00
215		Reinstall OPSC Sign Letters	5/08/07	2,250.00	0.00	0.00	1,406.25	225.00	1,631.25	618.75 S/L		10.00
216		Shared Bld Impovement 27%	5/09/07	107,055.00	0.00	0.00	66,909.38	10,705.50	77,614.88	29,440.12 S/L		10.00
217		Medical Gas Vacuum Lines	5/16/07	847.85	0.00	0.00	529.92	84.79	614.71	233.14 S/L		10.00
218		Reinstall OPSC Sign Letters	6/13/07	4,650.00	0.00	0.00	2,906.25	465.00	3,371.25	1,278.75 S/L		10.00
219		Gas and Vacuum Lines	6/13/07	699.36	0.00	0.00	437.11	69.94	507.05	192.31 S/L		10.00
220		Rauland Responder 4000 Nurse Call System	6/13/07	16,132.00	0.00	0.00	10,082.50	1,613.20	11,695.70	4,436.30 S/L		10.00
221		Gas and Vacuum Lines	6/27/07	1,526.00	0.00	0.00	953.75	152.60	1,106.35	419.65 S/L		10.00
222		Share Bld Improvement	6/27/07	63,440.00	0.00	0.00	39,650.00	6,344.00	45,994.00	17,446.00 S/L		10.00
223		Shelving for Storage Room	7/18/07	5,791.31	0.00	0.00	3,619.57	579.13	4,198.70	1,592.61 S/L		10.00
224		2-Installed Harmony LC or Lights	7/18/07	3,780.00	0.00	0.00	2,362.50	378.00	2,740.50	1,039.50 S/L		10.00
225		Share Bld Improvement 6%	8/08/07	23,790.00	0.00	0.00	14,868.75	2,379.00	17,247.75	6,542.25 S/L		10.00
226		Shelving for New Front Office	8/22/07	1,519.88	0.00	0.00	949.93	151.99	1,101.92	417.96 S/L		10.00
227		2-Responder 4000 Nurse Call	8/29/07	2,436.00	0.00	0.00	1,522.50	243.60	1,766.10	669.90 S/L		10.00
228		Bradford Systems	10/03/07	2,065.38	0.00	0.00	1,290.87	206.54	1,497.41	567.97 S/L		10.00
229		Share Bld Improvement 6%	10/04/07	23,790.00	0.00	0.00	14,868.75	2,379.00	17,247.75	6,542.25 S/L		10.00
230		Metro Wire Shelving	10/17/07	4,131.38	0.00	0.00	2,582.12	413.14	2,995.26	1,136.12 S/L		10.00
231		Gas Shut Off Value (moved per IDPH)	1/28/09	3,085.00	0.00	0.00	1,896.00	385.63	2,281.63	803.37 S/L		8.00
232		Electric Generator Power Switch (per IDHP)	1/28/09	1,712.08	0.00	0.00	1,052.22	214.01	1,266.23	445.85 S/L		8.00
233		Perfection Bld Services	8/31/09	3,487.50	0.00	0.00	1,852.74	435.94	2,288.68	1,198.82 S/L		8.00
234		Printing & Paneling Final Pmt	10/01/09	3,487.50	0.00	0.00	1,852.74	435.94	2,288.68	1,198.82 S/L		8.00
Building Improvement				948,490.48	0.00 c	0.00	749,105.60	53,275.94	802,381.54	146,108.94		

d	Date In	Book	Book Sec	Book Sal	Book Prior	Book Current	Book	Book Net	Book	Book
Asset t	Service	Cost	179 Exp c	Value	Depreciation	Depreciation	End Depr	Book Value	Method	Period
Group: Equipment										
1	Sabre 2400 led esu/cart/footswitch	12/27/01	16,918.45	0.00	0.00	16,918.45	0.00	16,918.45	0.00 S/L	7.00
2	Overbed Tables	12/27/01	1,216.93	0.00	0.00	1,216.93	0.00	1,216.93	0.00 S/L	7.00
3	3-SQ 40 Light 2-36" Arms, Renaissan	1/15/02	62,856.44	0.00	0.00	62,856.44	0.00	62,856.44	0.00 S/L	7.00
4	Renaissan PreVac/ Steris System 1	1/15/02	50,635.23	0.00	0.00	50,635.23	0.00	50,635.23	0.00 S/L	7.00
5	REL 430 Washer DD EL: Cart, Manifold Rack,	1/15/02	34,455.26	0.00	0.00	34,455.26	0.00	34,455.26	0.00 S/L	7.00
6	Biological Indicator	1/15/02	106.67	0.00	0.00	106.67	0.00	106.67	0.00 S/L	7.00
7	24" Digital Warm Cabinet	1/15/02	5,882.03	0.00	0.00	5,882.03	0.00	5,882.03	0.00 S/L	7.00
8	Arthroscopic Leg Holder	1/15/02	3,175.30	0.00	0.00	3,175.30	0.00	3,175.30	0.00 S/L	7.00
9	Passport 2, NR, GasModule, Passport 2LT	1/15/02	74,599.47	0.00	0.00	74,599.47	0.00	74,599.47	0.00 S/L	7.00
10	Passport 2LT, NR MC	1/15/02	6,721.64	0.00	0.00	6,721.64	0.00	6,721.64	0.00 S/L	7.00
11	10- Flow Meter Regulator	1/17/02	3,244.85	0.00	0.00	3,244.85	0.00	3,244.85	0.00 S/L	7.00
12	Red Emerg Cart; 3- Cart Work Stations	1/17/02	2,592.78	0.00	0.00	2,592.78	0.00	2,592.78	0.00 S/L	7.00
13	GP System 20/SN; Stand, Foot-Swtich	1/22/02	1,888.40	0.00	0.00	1,888.40	0.00	1,888.40	0.00 S/L	7.00
14	3-Kick Bucket	1/22/02	272.42	0.00	0.00	272.42	0.00	272.42	0.00 S/L	7.00
15	3-Tables/Foot Stand/ Basin	1/22/02	2,289.51	0.00	0.00	2,289.51	0.00	2,289.51	0.00 S/L	7.00
16	33-Nitrogen Gas Cylinders	1/31/02	551.60	0.00	0.00	551.60	0.00	551.60	0.00 S/L	7.00
17	Wheelchair Adult Tracer	1/31/02	249.89	0.00	0.00	249.89	0.00	249.89	0.00 S/L	7.00
18	3-FootStools; 3 Poles; 8 Hampers; Scale, Char	1/31/02	2,416.01	0.00	0.00	2,416.01	0.00	2,416.01	0.00 S/L	7.00
19	Air Tourniquet System, 14 Cuffs, Cart	2/12/02	11,912.74	0.00	0.00	11,912.74	0.00	11,912.74	0.00 S/L	7.00
20	8 Nitrous Oxide Compressed	2/12/02	661.50	0.00	0.00	661.50	0.00	661.50	0.00 S/L	7.00
21	3-Tables 24x60 SG-95-SS	2/19/02	1,206.99	0.00	0.00	1,206.99	0.00	1,206.99	0.00 S/L	7.00
22	Cast Cutter, Vacuum & Stand	2/19/02	2,104.34	0.00	0.00	2,104.34	0.00	2,104.34	0.00 S/L	7.00
23	3-TS404 RadioG Viewboxes & Rewiring	3/04/02	3,051.09	0.00	0.00	3,051.09	0.00	3,051.09	0.00 S/L	7.00
24	Defibrillator, Lifepak 9p w/ Adaptor	3/04/02	7,951.28	0.00	0.00	7,951.28	0.00	7,951.28	0.00 S/L	7.00
25	Bell Style Payphone	3/12/02	580.26	0.00	0.00	580.26	0.00	580.26	0.00 S/L	7.00
26	Refrigerator	3/12/02	432.92	0.00	0.00	432.92	0.00	432.92	0.00 S/L	7.00
27	Horizon Airglide Rail/Kneeflex	3/19/02	18,359.93	0.00	0.00	18,359.93	0.00	18,359.93	0.00 S/L	7.00
28	Storage/Delivery Equip	3/19/02	4,912.05	0.00	0.00	4,912.05	0.00	4,912.05	0.00 S/L	7.00
29	8-Shelfs	3/21/02	616.16	0.00	0.00	616.16	0.00	616.16	0.00 S/L	7.00
30	2-Renaissance Sterlizers, 3-Lighthead, Washe	3/27/02	11,101.80	0.00	0.00	11,101.80	0.00	11,101.80	0.00 S/L	7.00
31	Used Anesthesia-Machine-Modulus II	4/05/02	31,875.00	0.00	0.00	31,875.00	0.00	31,875.00	0.00 S/L	7.00
32	Toshiba 2060 Copier & Oki 5650 Fax	4/05/02	3,702.37	0.00	0.00	3,702.37	0.00	3,702.37	0.00 S/L	7.00
33	7-15" Proview Monitors, CDW Computer	4/11/02	796.70	0.00	0.00	796.70	0.00	796.70	0.00 S/L	7.00
34	Server for Sis Software-Powerededge 2500	4/25/02	4,830.27	0.00	0.00	4,830.27	0.00	4,830.27	0.00 S/L	3.00
35	Minor Medical Equipment	5/03/02	1,904.58	0.00	0.00	1,904.58	0.00	1,904.58	0.00 S/L	7.00
36	Radionics Burglary System	5/03/02	1,770.00	0.00	0.00	1,770.00	0.00	1,770.00	0.00 S/L	7.00
37	SQL Server 2000 Licenes	5/07/02	2,075.00	0.00	0.00	2,075.00	0.00	2,075.00	0.00 S/L	7.00
38	Anes Equipment	5/09/02	958.67	0.00	0.00	958.67	0.00	958.67	0.00 S/L	7.00
39	3-Table Mayo SS Pedal	5/14/02	1,647.89	0.00	0.00	1,647.89	0.00	1,647.89	0.00 S/L	7.00
40	Shelving and Cart Cover	5/23/02	4,023.46	0.00	0.00	4,023.46	0.00	4,023.46	0.00 S/L	7.00
41	6-Armboard Pads & Legholder	5/29/02	1,672.89	0.00	0.00	1,672.89	0.00	1,672.89	0.00 S/L	7.00
42	2-Recliners, Extra Wide Doeskin	6/06/02	1,934.78	0.00	0.00	1,934.78	0.00	1,934.78	0.00 S/L	7.00
43	Heat Sealer Lif-Seal	6/12/02	1,594.06	0.00	0.00	1,594.06	0.00	1,594.06	0.00 S/L	7.00

d Asset	t Property Description	Date In Service	Book Cost	Book Sec 179 Exp	c Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
44	Medical Equipment	6/12/02	2,984.22	0.00	0.00	2,984.22	0.00	2,984.22	0.00	S/L	7.00
45	S.A.M III Stirup System Pair	6/12/02	3,623.31	0.00	0.00	3,623.31	0.00	3,623.31	0.00	S/L	7.00
46	Urology Equipment	6/12/02	22,338.34	0.00	0.00	22,338.34	0.00	22,338.34	0.00	S/L	7.00
47	Instruments	6/25/02	1,825.22	0.00	0.00	1,825.22	0.00	1,825.22	0.00	S/L	7.00
48	Forcep, Bipolar, Kleppinger	6/25/02	1,443.79	0.00	0.00	1,443.79	0.00	1,443.79	0.00	S/L	7.00
49	2-Reusable Tourniquet Cuffs	7/18/02	490.72	0.00	0.00	490.72	0.00	490.72	0.00	S/L	7.00
50	Pediatric Crib	7/18/02	2,726.00	0.00	0.00	2,726.00	0.00	2,726.00	0.00	S/L	7.00
51	Instruments	7/18/02	6,147.21	0.00	0.00	6,147.21	0.00	6,147.21	0.00	S/L	7.00
53	Dyonics Power, Chuck	7/18/02	1,401.00	0.00	0.00	1,401.00	0.00	1,401.00	0.00	S/L	7.00
54	Dual Inc 2 Ring Applicator	7/24/02	1,838.66	0.00	0.00	1,838.66	0.00	1,838.66	0.00	S/L	7.00
55	Digistime II Nerve Stimulator	7/24/02	489.33	0.00	0.00	489.33	0.00	489.33	0.00	S/L	7.00
56	Finger Traction Apparatus	7/24/02	386.83	0.00	0.00	386.83	0.00	386.83	0.00	S/L	7.00
57	Urology Supplies	7/24/02	559.34	0.00	0.00	559.34	0.00	559.34	0.00	S/L	7.00
58	Instruments	7/31/02	1,238.77	0.00	0.00	1,238.77	0.00	1,238.77	0.00	S/L	7.00
59	Urology Equipment	8/07/02	4,050.09	0.00	0.00	4,050.09	0.00	4,050.09	0.00	S/L	7.00
60	Instruments	8/21/02	614.47	0.00	0.00	614.47	0.00	614.47	0.00	S/L	7.00
61	Instruments	8/07/02	78,511.31	0.00	0.00	78,511.31	0.00	78,511.31	0.00	S/L	7.00
62	3- Wire Cutters	8/21/02	954.47	0.00	0.00	954.47	0.00	954.47	0.00	S/L	7.00
63	Mobile Rack	8/21/02	529.78	0.00	0.00	529.78	0.00	529.78	0.00	S/L	7.00
64	6 Aprons	8/21/02	1,730.41	0.00	0.00	1,730.41	0.00	1,730.41	0.00	S/L	7.00
65	Probe	8/21/02	317.69	0.00	0.00	317.69	0.00	317.69	0.00	S/L	7.00
66	Install Circuit Wall Sign, Timer	8/21/02	640.00	0.00	0.00	640.00	0.00	640.00	0.00	S/L	7.00
67	Uterine Cannula	8/29/02	557.23	0.00	0.00	557.23	0.00	557.23	0.00	S/L	7.00
68	Sigmoidoscope 19mmx25cm	9/05/02	861.39	0.00	0.00	861.39	0.00	861.39	0.00	S/L	7.00
69	3-Pump Infusors	9/05/02	5,622.75	0.00	0.00	5,622.75	0.00	5,622.75	0.00	S/L	7.00
70	3-Anes Armboards, Body Straps	9/05/02	2,086.95	0.00	0.00	2,086.95	0.00	2,086.95	0.00	S/L	7.00
71	Thermocouple Monitor Model 6510	9/05/02	552.25	0.00	0.00	552.25	0.00	552.25	0.00	S/L	7.00
72	Intellisystem Monitor and Printer	9/05/02	1,897.85	0.00	0.00	1,897.85	0.00	1,897.85	0.00	S/L	7.00
73	Universal Leg Holder	9/18/02	695.49	0.00	0.00	695.49	0.00	695.49	0.00	S/L	7.00
74	C-Arm Supplies	9/23/02	140,526.25	0.00	0.00	140,526.25	0.00	140,526.25	0.00	S/L	7.00
75	Morgan ELT-M Table	10/03/02	21,816.25	0.00	0.00	21,816.25	0.00	21,816.25	0.00	S/L	7.00
76	Ophthalmic Headres, Filters	10/03/02	2,694.46	0.00	0.00	2,694.46	0.00	2,694.46	0.00	S/L	7.00
77	Portable Extremities Table	10/28/02	1,696.14	0.00	0.00	1,696.14	0.00	1,696.14	0.00	S/L	7.00
78	Forceps Rigid Optical Biopsy, Endos	11/25/02	1,322.61	0.00	0.00	1,322.61	0.00	1,322.61	0.00	S/L	7.00
79	Transfer Cart	11/25/02	1,423.52	0.00	0.00	1,423.52	0.00	1,423.52	0.00	S/L	7.00
80	Vasectomy Instrument, 7-Ring Clamps	12/23/02	1,248.10	0.00	0.00	1,248.10	0.00	1,248.10	0.00	S/L	7.00
81	Knee Arthroscopy Instruments	12/23/02	26,483.64	0.00	0.00	26,483.64	0.00	26,483.64	0.00	S/L	7.00
82	Shoulder Holder	12/23/02	2,338.18	0.00	0.00	2,338.18	0.00	2,338.18	0.00	S/L	7.00
83	Leg Holder, Knee Arthroscopy	1/21/03	1,530.07	0.00	0.00	1,530.07	0.00	1,530.07	0.00	S/L	7.00
84	4-Punch Basket-Arthroscopy	1/21/03	3,588.13	0.00	0.00	3,588.13	0.00	3,588.13	0.00	S/L	7.00
85	Wheelchair w/ Leg Rest	1/21/03	711.45	0.00	0.00	711.45	0.00	711.45	0.00	S/L	7.00
86	RF-Pain Mgmt Generator & 5 Kits	1/31/03	39,505.68	0.00	0.00	39,505.68	0.00	39,505.68	0.00	S/L	7.00
87	2 Recovery Room Beds	4/11/03	7,998.78	0.00	0.00	7,998.78	0.00	7,998.78	0.00	S/L	7.00
88	5- Lead Aprons	5/13/03	2,233.89	0.00	0.00	2,233.89	0.00	2,233.89	0.00	S/L	7.00
89	Leg Holder, Instr Makar	5/13/03	2,391.35	0.00	0.00	2,391.35	0.00	2,391.35	0.00	S/L	7.00

d	Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
90		2 Dyonics High Speed Power Drills	5/31/03	10,475.79	0.00	0.00	10,475.79	0.00	10,475.79	0.00 S/L		7.00
91		Miniview 6800 Digital Mobile C-Arm	6/11/03	62,498.12	0.00	0.00	62,498.12	0.00	62,498.12	0.00 S/L		7.00
92		Hip Positoner, Peg Board	7/09/03	2,205.50	0.00	0.00	2,205.50	0.00	2,205.50	0.00 S/L		7.00
93		Dyonic Power Jacobs Chuck	7/30/03	1,286.00	0.00	0.00	1,286.00	0.00	1,286.00	0.00 S/L		3.00
94		Cannulated Hex Driver	9/05/03	546.66	0.00	0.00	546.66	0.00	546.66	0.00 S/L		3.00
95		Suretac Intrumention	9/15/03	3,233.16	0.00	0.00	3,233.16	0.00	3,233.16	0.00 S/L		5.00
96		Intrafix Sheath Intrustment/ Trial	9/15/03	655.48	0.00	0.00	655.48	0.00	655.48	0.00 S/L		3.00
97		Beach Chair Positioner	9/30/03	6,300.00	0.00	0.00	6,300.00	0.00	6,300.00	0.00 S/L		7.00
98		Ambient Air Scope Cabinet	10/15/03	1,090.12	0.00	0.00	1,090.12	0.00	1,090.12	0.00 S/L		7.00
99		Light Source-300 Watt Headlight	10/23/03	3,164.62	0.00	0.00	3,164.62	0.00	3,164.62	0.00 S/L		7.00
100		Headlight, Spot, Binner, Cart	10/23/03	751.78	0.00	0.00	751.78	0.00	751.78	0.00 S/L		7.00
101		Graftmaster II System & Tendon Stripper ACL	10/23/03	3,386.53	0.00	0.00	3,386.53	0.00	3,386.53	0.00 S/L		7.00
102		ACL Tray Drill Guide System, Gauge Endo	10/23/03	14,234.48	0.00	0.00	14,234.48	0.00	14,234.48	0.00 S/L		7.00
103		Fixation Post Instruments	10/23/03	1,091.07	0.00	0.00	1,091.07	0.00	1,091.07	0.00 S/L		7.00
104		Arthroplasty Tray	10/23/03	2,142.56	0.00	0.00	2,142.56	0.00	2,142.56	0.00 S/L		7.00
105		2- Horizon Stretcher Recovery RM Beds	11/06/03	6,793.49	0.00	0.00	6,793.49	0.00	6,793.49	0.00 S/L		7.00
106		Ambient Air Scope Cabinet	11/20/03	1,482.17	0.00	0.00	1,482.17	0.00	1,482.17	0.00 S/L		7.00
107		Laparoscopic Instruments, Forceps	12/31/03	2,393.14	0.00	0.00	2,393.14	0.00	2,393.14	0.00 S/L		7.00
108		Sinus Intruments, 2-Forceps, Probe	12/31/03	1,007.00	0.00	0.00	1,007.00	0.00	1,007.00	0.00 S/L		7.00
109 d		Gastro Equipment	9/01/03	143,065.20	0.00	0.00	143,065.20	0.00	143,065.20	0.00 S/L		7.00
110 d		Gastro Equipment	11/01/03	22,780.00	0.00	0.00	22,780.00	0.00	22,780.00	0.00 S/L		7.00
111		Intubation/ Sinus Scope	1/14/04	17,537.76	0.00	0.00	17,537.76	0.00	17,537.76	0.00 S/L		7.00
112		Steris Battery Powered Surgical XRay Table	2/05/04	33,720.55	0.00	0.00	33,720.55	0.00	33,720.55	0.00 S/L		7.00
113		Stryker Surgical Stool Chair	1/14/04	1,042.65	0.00	0.00	1,042.65	0.00	1,042.65	0.00 S/L		7.00
114		ECK Machine	1/14/04	4,087.73	0.00	0.00	4,087.73	0.00	4,087.73	0.00 S/L		7.00
115		Microscope, Lens for Scop	2/20/04	722.99	0.00	0.00	722.99	0.00	722.99	0.00 S/L		7.00
116		5-Monitor Printing Upgrades	2/20/04	6,664.00	0.00	0.00	6,664.00	0.00	6,664.00	0.00 S/L		7.00
117		1-Monitor Printing Upgrade	4/08/04	1,326.00	0.00	0.00	1,326.00	0.00	1,326.00	0.00 S/L		7.00
118		Suture Passer SP1001	6/01/04	2,079.58	0.00	0.00	2,079.58	0.00	2,079.58	0.00 S/L		7.00
119		Surcan Leg Holder	6/30/04	1,909.60	0.00	0.00	1,909.60	0.00	1,909.60	0.00 S/L		7.00
120		Instrument Tray	7/23/04	1,466.20	0.00	0.00	1,466.20	0.00	1,466.20	0.00 S/L		7.00
121		LexMark Laser Printer	8/17/04	1,099.00	0.00	0.00	1,099.00	0.00	1,099.00	0.00 S/L		7.00
122		Laryngoscopy Tray	8/17/04	7,074.81	0.00	0.00	7,074.81	0.00	7,074.81	0.00 S/L		7.00
123		Vaccum Pump	8/17/04	4,597.00	0.00	0.00	4,597.00	0.00	4,597.00	0.00 S/L		7.00
124		Shoulder Tray	8/25/04	14,316.13	0.00	0.00	14,316.13	0.00	14,316.13	0.00 S/L		7.00
125		Pain Mgmt Digital Subtraction Upgrade	8/25/04	17,047.07	0.00	0.00	17,047.07	0.00	17,047.07	0.00 S/L		7.00
126		Tax Adjust on Vacuum Pump	9/01/04	209.65	0.00	0.00	209.65	0.00	209.65	0.00 S/L		7.00
127		Cannulated Screw Tray 3.5-4.0	9/01/04	11,317.55	0.00	0.00	11,317.55	0.00	11,317.55	0.00 S/L		7.00
128		Instrument Tray	9/29/04	1,214.69	0.00	0.00	1,214.69	0.00	1,214.69	0.00 S/L		7.00
129		Oscillating Saw	10/21/04	6,355.50	0.00	0.00	6,355.50	0.00	6,355.50	0.00 S/L		7.00
130		4- Overbed Tables	11/11/04	1,173.00	0.00	0.00	1,173.00	0.00	1,173.00	0.00 S/L		7.00
131		Spine Generator, ET-20S	11/03/04	7,499.91	0.00	0.00	7,499.91	0.00	7,499.91	0.00 S/L		7.00
132		Fax Machine	1/26/05	991.71	0.00	0.00	991.71	0.00	991.71	0.00 S/L		7.00
133		Ultra-Lite Specialty Table	2/16/05	1,024.87	0.00	0.00	1,024.87	0.00	1,024.87	0.00 S/L		7.00
134		Toshiba Studio 35 Copier	6/09/05	3,552.35	0.00	0.00	3,552.35	0.00	3,552.35	0.00 S/L		7.00

d	Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
135	3-	Position Recliners	7/27/05	2,749.76	0.00	0.00	2,749.76	0.00	2,749.76	0.00	S/L	7.00
136		Ice Dispenser, Filter System	8/22/05	3,206.85	0.00	0.00	3,206.85	0.00	3,206.85	0.00	S/L	7.00
137		Arthroscopic Instrument Set	9/14/05	15,504.38	0.00	0.00	15,504.38	0.00	15,504.38	0.00	S/L	7.00
138		SCD Compression System	11/09/05	2,712.50	0.00	0.00	2,712.50	0.00	2,712.50	0.00	S/L	7.00
139		OR Table-Battery Powered	12/30/05	39,628.64	0.00	0.00	39,628.64	0.00	39,628.64	0.00	S/L	7.00
140		Wilson Frame	2/15/06	5,843.75	0.00	0.00	5,843.75	0.00	5,843.75	0.00	S/L	7.00
141		Doppler Ultrasound	2/15/06	715.56	0.00	0.00	715.56	0.00	715.56	0.00	S/L	7.00
142		Radio Frequency Generator	5/16/06	9,562.50	0.00	0.00	9,562.50	0.00	9,562.50	0.00	S/L	7.00
143		Sterrad NX-Steralization System	6/27/06	44,882.47	0.00	0.00	44,882.47	0.00	44,882.47	0.00	S/L	7.00
144		Cordless Power Driver, Saw, Drill	8/22/06	32,900.31	0.00	0.00	32,900.31	0.00	32,900.31	0.00	S/L	7.00
145		Attest Autoreader-For Sterilizer	1/04/07	999.00	0.00	0.00	999.00	0.00	999.00	0.00	S/L	7.00
146		2-View Boxes, 2-Chameleon Lamps	3/14/07	791.54	0.00	0.00	772.70	18.84	791.54	0.00	S/L	7.00
147		Light Bulb-Lamp Module, 300 XL Xenon	3/28/07	1,206.58	0.00	0.00	1,163.49	43.09	1,206.58	0.00	S/L	7.00
148		2-Paragon Platinum Services SC430 Anesthesia	5/02/07	31,430.00	0.00	0.00	20,691.42	3,143.00	23,834.42	7,595.58	S/L	10.00
149		2-Mindray PM9000 Patient Monitor, 8- Post	5/02/07	22,945.00	0.00	0.00	15,105.46	2,294.50	17,399.96	5,545.04	S/L	10.00
150		Chairs, Tables, 3-Seat Sofas, End Tables	5/09/07	5,416.97	0.00	0.00	5,159.01	257.96	5,416.97	0.00	S/L	7.00
151		Appliances	6/06/07	1,124.01	0.00	0.00	1,057.10	66.91	1,124.01	0.00	S/L	7.00
152		2-Paragon Plantinum SC430 Anesthesia System	6/27/07	31,430.00	0.00	0.00	20,691.42	3,143.00	23,834.42	7,595.58	S/L	10.00
153		2-Mindray PM9000 Patient Monitor, 8- Post	6/27/07	22,945.00	0.00	0.00	15,105.46	2,294.50	17,399.96	5,545.04	S/L	10.00
154		8-Mindray PM9000 Monitor Wall Mount	7/05/07	1,222.00	0.00	0.00	793.60	122.20	915.80	306.20	S/L	10.00
155		Chairs, Tables, 3-Seat Sofas, End Tables	7/05/07	5,416.97	0.00	0.00	5,030.04	386.93	5,416.97	0.00	S/L	7.00
156		Shoulder Instrument-Retro Drill Guide Set	7/11/07	10,209.12	0.00	0.00	9,479.91	729.21	10,209.12	0.00	S/L	7.00
157		Warming Cabinet-Full Size Single Door	7/18/07	4,325.00	0.00	0.00	3,964.59	360.41	4,325.00	0.00	S/L	7.00
158		Phone Equipment	7/25/07	7,193.75	0.00	0.00	4,616.00	719.38	5,335.38	1,858.37	S/L	10.00
159		Prism Phone System	7/25/07	2,080.74	0.00	0.00	1,907.35	173.39	2,080.74	0.00	S/L	7.00
160		42" Flat Screen LCD HDTV-Waiting Room	8/22/07	788.34	0.00	0.00	713.26	75.08	788.34	0.00	S/L	7.00
161		Endo Flush	8/22/07	1,434.38	0.00	0.00	1,297.77	136.61	1,434.38	0.00	S/L	7.00
162		Royal 1820 Copier	9/19/07	1,174.25	0.00	0.00	1,048.44	125.81	1,174.25	0.00	S/L	7.00
163		2-Dell 5110 cn Color Laser Printer	9/26/07	1,980.00	0.00	0.00	1,980.00	0.00	1,980.00	0.00	S/L	5.00
164		Utility Table, 4- Folding Chairs	9/26/07	919.00	0.00	0.00	820.55	98.45	919.00	0.00	S/L	7.00
165		8-Write Drop Boxes for New RR Bays	10/03/07	1,305.30	0.00	0.00	1,165.44	139.86	1,305.30	0.00	S/L	7.00
166		7- Stretcher Transport Carts	10/03/07	22,416.63	0.00	0.00	20,014.86	2,401.77	22,416.63	0.00	S/L	7.00
167		Sourcevision Software	10/04/07	7,318.75	0.00	0.00	7,318.75	0.00	7,318.75	0.00	S/L	5.00
168		5- Additional User License	10/04/07	1,687.50	0.00	0.00	1,687.50	0.00	1,687.50	0.00	S/L	5.00
169		4- File Cabinets, 3- Hi-Back Chairs	10/10/07	2,265.70	0.00	0.00	2,022.94	242.76	2,265.70	0.00	S/L	7.00
170		5- Additional User License	10/24/07	5,636.27	0.00	0.00	5,636.27	0.00	5,636.27	0.00	S/L	5.00
171		8-Flowmeter, Oxygen Regulator	10/24/07	2,370.87	0.00	0.00	2,088.64	282.23	2,370.87	0.00	S/L	7.00
172		2-Kickbucket/or Back Tables, Mayo Stand, Cart	10/24/07	4,343.11	0.00	0.00	3,826.06	517.05	4,343.11	0.00	S/L	7.00
173		2-Usercode Keypad Lock Sets	10/26/07	1,755.68	0.00	0.00	1,546.67	209.01	1,755.68	0.00	S/L	7.00
174		7- Acer X191WSD 19in Wide LCD Monitors	11/07/07	1,207.79	0.00	0.00	1,207.79	0.00	1,207.79	0.00	S/L	5.00
175		Ortho Arthroscopy Instrument	11/15/07	18,820.11	0.00	0.00	16,579.63	2,240.48	18,820.11	0.00	S/L	7.00
176		Stainless Steel Plaster Dispenser, Cast Cart	11/15/07	1,914.72	0.00	0.00	1,686.77	227.95	1,914.72	0.00	S/L	7.00
177		Electrosurgical Generator, Cart, Pump-Cautery	11/15/07	11,057.67	0.00	0.00	9,741.29	1,316.38	11,057.67	0.00	S/L	7.00
178		2-Radiation. Xray Vests	12/13/07	946.96	0.00	0.00	822.95	124.01	946.96	0.00	S/L	7.00
179		3-Hi Back Task Chairs	12/13/07	599.32	0.00	0.00	520.85	78.47	599.32	0.00	S/L	7.00

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
180		3- Dell Vostro Pc's	12/19/07	2,068.67	0.00		0.00	2,068.67	0.00	2,068.67	0.00 S/L		5.00
181		4- Patient Recliner Lounge Chairs	12/27/07	3,666.35	0.00		0.00	3,142.57	523.78	3,666.35	0.00 S/L		7.00
182		General Surgery Table for or w/ Sirups	1/09/08	31,758.00	0.00		0.00	27,221.15	4,536.85	31,758.00	0.00 S/L		7.00
183		TPS System-Ortho/Pod	1/23/08	32,710.87	0.00		0.00	27,648.47	4,672.98	32,321.45	389.42 S/L		7.00
184		2-Dell Servers	2/20/08	6,778.13	0.00		0.00	6,778.13	0.00	6,778.13	0.00 S/L		5.00
185		Sourcevision Software Initial Training	3/12/08	1,106.12	0.00		0.00	1,106.12	0.00	1,106.12	0.00 S/L		5.00
186		2-Fujitsu Fi 5120 Scanner	4/23/08	1,958.35	0.00		0.00	1,958.35	0.00	1,958.35	0.00 S/L		5.00
187		9-Solar Mesh Shades	4/23/08	1,242.00	0.00		0.00	1,005.44	177.43	1,182.87	59.13 S/L		7.00
188		9-Solar Mesh Shades	5/07/08	1,242.00	0.00		0.00	1,005.43	177.43	1,182.86	59.14 S/L		7.00
189		Sourcevision Software	6/18/08	23,590.55	0.00		0.00	23,590.55	0.00	23,590.55	0.00 S/L		5.00
190		Sourcevision Software- Training	8/07/08	636.97	0.00		0.00	636.97	0.00	636.97	0.00 S/L		5.00
191		Actuator-For Heating Value	11/14/08	1,225.00	0.00		0.00	904.71	175.00	1,079.71	145.29 S/L		7.00
192		Ortho-Shaver Combo	11/14/08	8,179.57	0.00		0.00	6,037.30	1,168.51	7,205.81	973.76 S/L		7.00
193		Pump & Motor Base for Instrument Washer	6/12/09	6,757.55	0.00		0.00	4,424.57	965.36	5,389.93	1,367.62 S/L		7.00
194		2-Minray PM9000 Patient Pumps	9/09/09	6,630.00	0.00		0.00	4,104.28	947.14	5,051.42	1,578.58 S/L		7.00
195		Forceps Tray-Ortho	11/11/09	16,193.19	0.00		0.00	9,638.89	2,313.31	11,952.20	4,240.99 S/L		7.00
196		Hook Height IV Pole- EZ IV Irrigation Tower	5/21/10	1,900.00	0.00		0.00	972.62	271.43	1,244.05	655.95 S/L		7.00
197		Motion Sensor Camera	7/24/10	1,005.40	0.00		0.00	490.73	143.63	634.36	371.04 S/L		7.00
198		Surveillance System/Camera	7/24/10	1,643.28	0.00		0.00	802.07	234.75	1,036.82	606.46 S/L		7.00
199		Shoulder Exposure Beach Chair	10/27/10	6,677.90	0.00		0.00	3,020.96	953.99	3,974.95	2,702.95 S/L		7.00
200		Probes and Speculums	1/14/04	280.24	0.00		0.00	280.24	0.00	280.24	0.00 S/L		7.00
235		Medical Equipment	2/10/12	4,760.15	0.00		0.00	1,303.37	680.02	1,983.39	2,776.76 S/L		7.00
236		Flashpaks	3/01/12	4,816.49	0.00		0.00	1,261.46	688.07	1,949.53	2,866.96 S/L		7.00
237		ETA Cap	3/01/12	1,933.22	0.00		0.00	506.32	276.17	782.49	1,150.73 S/L		7.00
239		STRYKER NSE	7/15/13	4,250.00	0.00		0.00	425.00	850.00	1,275.00	2,975.00 S/L		5.00
240		ELITE 300K LIGHTSOURCE	6/28/13	6,305.85	0.00		0.00	630.59	1,261.17	1,891.76	4,414.09 S/L		5.00
241		BOSS INSTRUMENT SET	2/28/13	14,262.49	0.00		0.00	2,377.08	2,852.50	5,229.58	9,032.91 S/L		5.00
Equipment				1,824,949.24	0.00	c	0.00	1,714,297.89	45,838.76	1,760,136.65	64,812.59		
*Less: Dispositions and Transfers				165,845.20	0.00		0.00	165,845.20	0.00	165,845.20	0.00		
Net Equipment				1,659,104.04	0.00	c	0.00	1,548,452.69	45,838.76	1,594,291.45	64,812.59		
Group: Loan Fees													
238		Loan Fees	4/01/12	800.00	0.00		0.00	266.64	160.00	426.64	373.36 Amort		5.00
242		754 Adjustment-Jain	4/30/13	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
243		754 Adjustment-Lelies/Glaser	10/01/13	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
Loan Fees				800.00	0.00	c	0.00	266.64	160.00	426.64	373.36		
Grand Total				2,774,239.72	0.00	c	0.00	2,463,670.13	99,274.70	2,562,944.83	211,294.89		
Less: Dispositions and Transfers				165,845.20	0.00		0.00	165,845.20	0.00	165,845.20	0.00		
Net Grand Total				2,608,394.52	0.00	c	0.00	2,297,824.93	99,274.70	2,397,099.63	211,294.89		

Orland Park Surgical Center LLC

Location	Asset Tag #	Smith & Nephew collateral	Description	Model #	Marked Defective
OR1	1080		GE OEC Miniview 6600 "little C"	SN-86-0788	
OR1	1314		Arthrex Dualwave Pump #3		
OR1	1317		Pump cart		
OR1	1239	S&N	Monitor Cart #3 (Promedical Inc.)		
OR1	1242	S&N	Sony Monitor (Smith & Nephew)	LMD2450MD	
OR1	1262	S&N	560P High Definition Camera System	72200559	
OR1	1217	S&N	660HD Image Management System	72200242	
OR1		S&N	HP 6940 printer	72201464	
OR1	1263		Dyonics Power II Control System		
OR1	No tag		Harloff PEDs Cart	12713	
OR1	No tag		Harloff PEDs Cart	12713	
OR1	No tag		Harloff PEDs Cart	12713	
OR1	1226		Nuvo Volante 750 operating table		
OR1	No tag		Ohio 5400 Volume Monitor		
OR1	No tag		Ohmeda 5100 Oxygen Monitor		
OR1	No tag		Ohmeda 7000 Ventilator System	0229-1042-800	
OR1	1021		Ohmeda Modulus II Anesthesia System		
OR1	1023		Datascope GasModule II		
OR1	1005		Datascope Passport 2 Monitor		
OR2	No tag		Steris Amsco 3085 SP table	B432403152	
OR2	1171		Paragon Platinum sc430 Anti-hyporic Device		
OR2	1175		Masimo SET PM-9000 Monitor		
OR2	No tag		Steris Amsco SQ140 operating lamps (2)	0436301081	
OR2	1220	S&N	Monitor Cart #2 (Promedical Inc.)		
OR2	1221	S&N	Sony Monitor (Smith & Nephew)	LMD2450MD	
OR2	1222	S&N	560P High Definition Camera System	72200559	
OR2	1223	S&N	660HD Image Management System	72200242	
OR2		S&N	HP 6940 printer	72201464	
OR2	1218	S&N	Dyonics 300XL Xenon Light Source	7206084	
OR2	1272		Dyonics Power II Control System		
OR2	1024		Steris Flash Sterilizer #2 (3013 Prevoc Steam Sterilizer)	3013	
OR2	No tag		Stryker 301 Plaster Dispenser		
OR3	1176		Anesthesia Cart (no brand name)		
OR3	1022		Datascope GasModule II		
OR3	1156		Steris Amsco 3085 SP table	B430605056	
OR3	1216	S&N	Monitor Cart #1 (Promedical Inc.)		
OR3	1206	S&N	Sony Monitor (Smith & Nephew)	LMD2450MD	
OR3	1073	S&N	560P High Definition Camera System	72200559	
OR3	1267	S&N	660HD Image Management System	72200242	
OR3		S&N	HP 6940 printer	72201464	
OR3	1224		Dyonics 300XL Xenon Light Source		
OR3	1265		Dyonics Power II Control System		
OR3	1316		Arthrex Dualwave pump #1		
OR3	1138		Mitek VAPR 3		
OR3	1269		Monitor Cart #4 (Promedical Inc.)		
OR3	No tag		Steris Amsco SQ140 operating lamps (2)	0435801060	
Hallway	1025		Steris Warming Cabinet		
Hallway	1064		Steris Flash Sterilizer #1 (3013 Prevoc Steam Sterilizer)		
Hallway	1167		SterradNX Sterilizer		
Hallway	1058		Steris Single Compartment Warner		
Recovery Area	1194		FHC Warming Cabinet	SWC 72	
OR4	1071		GE OEC 9800 Plus Mobile C-arm ("Big C") with Neurovas Monitory System	85-1229	
OR4	1069		Morgan Medesign operating table	ELTM, 22247	
OR4	No tag		Steris Amsco SQ140 operating lamps (2)		
OR4	1012		Modulus II Anesthesia System		
OR4	1258		Ohmeda 7000 Ventilator System		
OR4	1170		Ohio 5100 Volume Monitor		
OR5	1116		Monitor Cart #5 (Promedical Inc.)		
OR5	1117	S&N	Sony Monitor (Smith & Nephew)	PVM-20L2MD	
OR5	1049		Zeiss OpMi-1 CM-5014		
OR5	1046	S&N	Dyonics Access 4OL Insufflator		Yes
OR5	1055	S&N	Dyonics Access 4OL Insufflator		Yes
OR5	1122	S&N	Dyonics Access 4OL Insufflator		Yes
OR5	1253		FMS Duo - Fluid Management System		Yes
OR5	1008		Steris Amsco 2080L surgical table		Yes
OR5	1252		FMS Duo - Fluid Management System		Yes
OR5	1256		DePuy Mitek Stand		Yes
OR5	1084		Olympus Imaging Cart	TI-1900	Yes
OR5	1085		Olympus Monitor OEV203	OEV203	Yes

Orland Park Surgical Center, L.L.C.

Attachment to Forms 206A/B Q 55; 206G Q 2.1

LEASE TERMINATION AGREEMENT

THIS LEASE TERMINATION AGREEMENT ("Agreement") is made as of October 31, 2015, by and between **ADVOCATE HEALTH AND HOSPITALS CORPORATION d/b/a ADVOCATE MEDICAL GROUP**, an Illinois not-for-profit corporation ("Landlord"), and **ORLAND PARK SURGICAL CENTER, L.L.C.**, an Illinois limited liability company ("Tenant").

WITNESSETH

A. Midwest Physician Group, Ltd. ("Original Landlord") and Tenant entered into that certain Lease dated October, 2001 (the "Lease") as amended on June 1, 2007 and January 31, 2012, for the lease of the premises located in the property commonly known as 9550 W.167th Street, Orland Park, IL 60467 (the "Premises");

B. Original Landlord assigned its interest in the Lease to Landlord on July 1, 2009; and

C. Landlord and Tenant desire to terminate the Lease on the terms and conditions hereinafter set forth.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, Landlord and Tenant hereby agree as follows:

1. Defined Terms. All terms used herein shall have the same meaning as in the Lease unless otherwise defined herein.

2. Termination of Lease. Subject to the terms and conditions set forth herein and the complete performance by Tenant of its obligations as set forth in this Agreement, the Lease shall terminate on October 31, 2015 (the "Termination Date") as if said Termination Date were set forth in the Lease as the expiration date of the term of the Lease. Tenant acknowledges and agrees that it currently owes Landlord \$418,954.79 in unpaid Rent ("Unpaid Rent"), which obligation shall expressly survive the termination of the Lease. Notwithstanding anything to the contrary contained in this Agreement, any representations, warranties, indemnifications or covenants of Landlord or Tenant which under the terms of the Lease expressly survive termination of the Lease, shall not be deemed released or terminated by this Agreement.

3. Surrender of Premises. On or before the Termination Date, Tenant shall deliver to Landlord all keys to the Premises and surrender the Premises to Landlord.

4. Rent and Other Charges. Tenant agrees not to contest any claim of Landlord for any utility charges or other charges relating to the Premises resulting from contracts between Tenant and utility suppliers and/or other vendors which are the obligation of Tenant and which accrue on or before the Termination Date.

5. Certification to Landlord. Tenant hereby certifies, with respect to Tenant's rights in and occupancy of the Premises, that the following statements are true as of the date hereof and will be true on the Termination Date: (a) Tenant owns and holds the entire interest of Tenant under the Lease; (b) there exist no subleases affecting the Premises or any part thereof; (c) Tenant has not assigned or encumbered Tenant's interest under the Lease or any part thereof; (d) no contracts for the furnishing of any labor or materials with respect to improvements or alterations in or about the Premises have been

let by Tenant or are outstanding that have not been performed and satisfied; and (e) Tenant has full authority to execute and deliver this Agreement.

6. Mutual Release. Except for their express obligations under this Agreement and Tenants obligation to pay the Unpaid Rent, and as this Agreement otherwise expressly provides, on the Termination Date Tenant shall be released and discharged from its obligations arising from or in connection with the payment of any Base Rent or Additional Rent which accrues after the Termination Date and Landlord shall be fully and unconditionally released and discharged from any obligation arising from or in connection with the Lease.


7. Attorney's Fees. If either party commences an action against the other party arising out of or in connection with this Agreement, the prevailing party shall be entitled to recover from the losing party reasonable attorney's fees and cost of suit.

8. Successors. This Agreement shall be binding on and inure to the benefit of the parties and their successors.

IN WITNESS WHEREOF, the parties have executed this Lease Termination Agreement as of the date first written above.

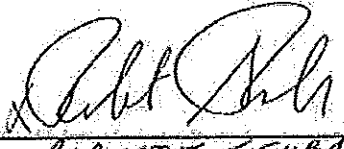
LANDLORD:

**ADVOCATE HEALTH AND HOSPITALS
CORPORATION d/b/a ADVOCATE
MEDICAL GROUP, an Illinois not-for-profit
corporation**

By: 
James R. Dan, M.D.
It's President, Physician and Ambulatory
Services

TENANT:

**ORLAND PARK SURGICAL CENTER,
L.L.C., an Illinois limited liability company**

By: 
Name: ROBERT T. SEMBA, M.D.
Title: Its Managing Member

112758834.2

Orland Park Surgical Center, L.L.C.

Attachment to Form 206A/B Q40; Form 207 SOFA Q 5

SECURED OBLIGATIONS SATISFACTION AGREEMENT

This Secured Obligations Satisfaction Agreement (the "Agreement") is made and entered into as of the 31st day of October, 2015 by and among ORLAND PARK SURGICAL CENTER, LLC ("Debtor"), and STANDARD BANK AND TRUST CO. ("Lender").

WHEREAS, Lender has loaned certain sums to Debtor (collectively, the "Loan"), pursuant to that certain Commercial Security Agreement dated March 23, 2012 (the "Security Agreement"), that certain Promissory Note dated March 23, 2012 (the "Promissory Note") and other ancillary documents related to such transaction (all such documents collectively referred to as the "Loan Documents"); and

WHEREAS, an Event of Default has occurred and is continuing under the Loan Documents; and

WHEREAS, pursuant to the Security Agreement as well as Section 9-620 of the Illinois Uniform Commercial Code (the "UCC"), Lender retains certain rights to possession and ownership the Collateral (as that term is defined in the Security Agreement) upon the occurrence of an Event of Default; and

WHEREAS, Lender has proposed to accept possession and ownership of the Collateral in full satisfaction of Debtor's obligations under the Loan Documents and Debtor wishes to consent to such action by Lender;

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, and for the consideration hereinafter set forth and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Debtor, Guarantor and Lender hereby mutually agree as follows. All capitalized terms used in this Agreement and not expressly defined herein shall have the meanings ascribed to such terms in the Loan Documents.

1. Acknowledgement of Debt and Default. Debtor hereby acknowledges, confirms and agrees that the outstanding principal balance of the Loan on the date hereof is \$342,860.85, and that one or more defaults exist under the Loan Documents.
2. Transfer of Collateral. Lender proposes and Debtor consents to Lender's exercise of its rights under the Security Agreement to take and accept possession and ownership of the Collateral as fully described in Exhibit "A" to this Agreement in full satisfaction for Debtor's Obligations under the Security Agreement.
3. Consent and Waiver. Debtor hereby consents to any and all actions taken or to be taken by Lender in connection with the transfer of the Collateral to Lender and acknowledges, confirms and agrees that the taking of possession of the Collateral in full satisfaction of the Obligations fully divests Debtor of, and fully vests Lender with, all title and interest of Debtor in the Collateral. Debtor agrees to cooperate fully with Lender in assuring that title to the Collateral is fully and completely vested in Lender, including the execution of any bills of sale,

assignments, certificates or other documents as Lender may request, provided, however, that nothing in this Agreement shall require Debtor to obtain the release of any prior security interest or lease of any personal property. Further, Debtor hereby waives any and all right or claim to any waiting period before Lender can assert title, right or interest in all of the Collateral, time being of the essence due to the need for immediate action to preserve the customer base of the Debtor.

4. Release of Loan Agreement and Promissory Note. Lender hereby acknowledges, confirms and agrees that upon acceptance of the Collateral, Debtor shall be fully released from all of the Obligations.

5. Waiver of Notice to Debtor. Debtor hereby waives any notice which might otherwise have been required to be provided to it under the Loan Documents or any provision of Article 9 of the UCC.

6. Waiver of Other Notices. Lender agrees to provide any notices required under Article 9 of the UCC to any other Lender of Debtor, but failure to provide any such notice will not affect its rights under this Agreement.

7. General Release. Debtor, for itself, its officers, managers, members, representatives, agents, successors and assigns (collectively, the "Debtor Parties") and hereby forever releases, discharges, forgives, relinquishes and agrees to hold harmless Lender, its officers, directors, shareholders, representatives, agents, successors and assigns (collectively, "Lender Parties") from and against and all claims, charges, liabilities, damages (whether to persons or to property), obligations, costs or expenses (including attorneys' fees), whether arising under contract or tort, known or unknown, absolute or contingent and whether previously existing, now existing or hereafter arising (as to which future matters this release shall operate as a covenant not to sue) and in any manner arising out of or relating to the Collateral or the business relationship between Debtor and Lender, regarding the Loan, the Loan Documents and the Collateral or actions taken pursuant to this Agreement (collectively, "Claims").

8. Miscellaneous.

(a) Further Assurances. The parties hereto hereby agree to do all such things and take all such action as may be necessary or appropriate and as reasonably requested by the other party, and shall sign, execute and deliver, or to the extent within their control, cause others so to do, all such powers of attorney, deeds, assignments, documents and other instruments and to do or to cause to be done all such other acts and things as may be necessary or proper to carry out transactions contemplated by this Agreement.

(b) Construction. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Illinois without regard to its conflicts of laws.

(c) No Waiver. No failure on the part of any party hereto to exercise, and no delay in exercising, any right, power or remedy hereunder, shall operate as a waiver thereof, nor shall any singular or particular exercise of any right, power or remedy by any party hereto preclude any other or further exercise thereof or the exercise of any other right, power or remedy. No express waiver or assent by any party of any breach of or any default in any term, covenant or condition which this Agreement requires to be performed or observed by any other party shall constitute a

waiver of or assent to any succeeding breach of or default in the same or any term, covenant or condition hereof.

(d) Entire Agreement. This Agreement and the exhibits hereto embody the entire agreement of the parties hereto relating to the subject matter hereof and supersede any prior understandings, commitments or agreements, whether oral or in writing. No amendment or modification of this Agreement shall be valid or binding upon the parties hereto unless made in writing and signed by the parties hereto.

(e) Section Headings. The section headings set forth in this Agreement are for convenience of reference only and shall not be used in enforcing, construing or interpreting this Agreement.

(f) Expenses. Each party shall bear all of its respective expenses incurred in connection with the transactions contemplated in this Agreement, including without limitation, all legal and accounting expenses.

(g) Multiple Counterparts. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original and all of such counterparts shall constitute one and the same Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on and as of the date first written above.

DEBTOR:

ORLAND SURGICAL CENTER, LLC

By: [Signature]
Name: ROBERT T. SEMBA MD
Its Managing Member

LENDER:

STANDARD-BANK & TRUST CO.

By: [Signature]
V.P.

EXHIBIT A
COLLETERAL

**Orland Park Surgical Center
Asset Listing - NOT Specifically Identified**

Assets NOT specifically identified in lien filings, outside of SB&T's blanket lien		Asset	Model #
Asset	Property Description	Tag #	
109	Gastro Equipment	109	
74	C-Arm Supplies	74	
61	Instruments	61	
9	Passport 2, NR, GasModule, Passport 2LT	9	
3	3-SQ 40 Light 2-36" Arms, Renaissan	3	
91	Miniview 6800 Digital Mobile C-Arm	91	
4	Renaissan PreVac/ Steris System 1	4	
143	Sterrad NX-Steralization System	143	
139	OR Table-Battery Powered	139	
86	RF-Pain Mgmt Generator & 5 Kits	86	
5	REL 430 Washer DD EL: Cart, Manifold Rack,	5	
112	Steris Battery Powered Surgical XRay Table	112	
144	Cordless Power Driver, Saw, Drill	144	
183	TPS System-Ortho/Pod	183	
31	Used Anesthesia-Machine-Modulus II	31	
182	General Surgery Table for or w/ Sirups	182	
148	2-Paragon Platinum Services SC430 Anesthesia	148	
152	2-Paragon Plantinum SC430 Anesthesia System	152	
81	Knee Arthroscopy Instruments	81	
189	Sourcevision Software	189	
149	2-Mindray PM9000 Patient Monitor, 8- Post	149	
153	2-Mindray PM9000 Patient Monitor, 8- Post	153	
110	Gastro Equipment	110	
166	7- Stretcher Transport Carts	166	
46	Urology Equipment	46	
75	Morgan ELT-M Table	75	
175	Ortho Arthroscopy Instrument	175	
27	Horizon Airglide Rail/Kneeflex	27	
111	Intubation/ Sinus Scope	111	
125	Pain Mgmt Digital Subtraction Upgrade	125	
1	Sabre 2400 led esu/cart/footswitch	1	
195	Forceps Tray-Ortho	195	
137	Arthroscopic Instrument Set	137	
124	Shoulder Tray	124	
241	BOSS INSTRUMENT SET	241	
102	ACL Tray Drill Guide System, Gauge Endo	102	
19	Air Tourniquet System, 14 Cuffs, Cart	19	
127	Cannulated Screw Tray 3.5-4.0	127	
30	2-Renaissance Sterlizers, 3-Lightheads, Washe	30	
177	Electrosurgical Generator, Cart, Pump-Cautery	177	
90	2 Dyonics High Speed Power Drills	90	
156	Shoulder Instrument-Retro Drill Guide Set	156	
142	Radio Frequency Generator	142	
192	Ortho-Shaver Combo	192	
87	2 Recovery Room Beds	87	
24	Defibrillator, Lifepak 9p w/ Adaptor	24	

**Orland Park Surgical Center
Asset Listing - NOT Specifically Identified**

Assets NOT specifically identified in lien filings, outside of SB&T's blanket lien		Asset	Model #
Asset	Property Description	Tag #	
131	Spine Generator, ET-20S	131	
167	Sourcevislon Software	167	
158	Phone Equipment	158	
122	Laryngoscopy Tray	122	
105	2- Horizon Stretcher Recovery RM Beds	105	
184	2-Dell Servers	184	
193	Pump & Motor Base for Instrument Washer	193	
10	Passport 2LT, NR MC	10	
199	Shoulder Exposure Beach Chair	199	
116	5-Monitor Printing Upgrades	116	
194	2-Minray PM9000 Patient Pumps	194	
129	Oscillating Saw	129	
240	ELITE 300K LIGHTSOURCE	240	
97	Beach Chair Positioner	97	
51	Instruments	51	
7	24" Digital Warm Cabinet	7	
140	Wilson Frame	140	
170	5- Additional User License	170	
69	3-Pump Infusors	69	
150	Chairs, Tables, 3-Seat Sofas, End Tables	150	
155	Chairs, Tables, 3-Seat Sofas, End Tables	155	
28	Storage/Delivery Equip	28	
34	Server for Sis Software-Powerededge 2500	34	
236	Flashpaks	236	
235	Medical Equipment	235	
123	Vaccum Pump	123	
172	2-Kickbucket/or Back Tables, Mayo Stand, Cart	172	
157	Warming Cabinet-Full Size Single Door	157	
239	STRYKER NSE	239	
114	ECK Machine	114	
59	Urology Equipment	59	
40	Shelving and Cart Cover	40	
32	Toshiba 2060 Copier & Oki 5650 Fax	32	
181	4- Patient Recliner Lounge Chairs	181	
45	S.A.M III Stlrup System Pair	45	
84	4-Punch Basket-Arthoscopy	84	
134	Toshiba Studio 35 Copier	134	
101	Graftmaster II System & Tendon Stripper ACL	101	
11	10- Flow Meter Regulator	11	
95	Suretac Intrumention	95	
136	Ice Dispenser, Filter System	136	
8	Arthroscopic Leg Holder	8	
99	Light Source-300 Watt Headlight	99	
23	3-TS404 RadioG Viewboxes & Rewlring	23	
44	Medical Equipment	44	
135	3- Position Recliners	135	

**Orland Park Surgical Center
Asset Listing - NOT Specifically Identified**

Assets NOT specifically Identified in lien filings, outside of SB&T's blanket lien		Asset	Model #
Asset	Property Description	Tag #	
50	Pediatric Crib	50	
138	SCD Compression System	138	
76	Ophthalmic Headres, Filters	76	
12	Red Emerg Cart; 3- Cart Work Stations	12	
18	3-FootStools; 3 Poles; 8 Hampers; Scale, Char	18	
107	Laparscopic Instruments, Forceps	107	
89	Leg Holder, Instr Makar	89	
171	8-Flowmeter, Oxygen Regulator	171	
82	Shoulder Holder	82	
15	3-Tables/Foot Stand/ Basin	15	
169	4- File Cabinets, 3- Hi-Back Chairs	169	
88	5- Lead Aprons	88	
92	Hip Positoner, Peg Board	92	
104	Arthroplasty Tray	104	
22	Cast Cutter, Vacuum & Stand	22	
70	3-Anes Armboards, Body Straps	70	
159	Prism Phone System	159	
118	Suture Passer SP1001	118	
37	SQL Server 2000 Licenes	37	
180	3- Dell Vostro Pc's	180	
163	2-Dell 5110 cn Color Laser Printer	163	
186	2-Fujitsu Fi 5120 Scanner	186	
42	2-Recliners, Extra Wide Doeskin	42	
237	ETA Cap	237	
176	Stainless Steel Plaster Dispenser, Cast Cart	176	
119	Surcan Leg Holder	119	
35	Minor Medical Equipment	35	
196	Hook Height IV Pole- EZ IV Irrigation Tower	196	
72	Intellisystem Monitor and Printer	72	
13	GP System 20/SN; Stand, Foot-Swtich	13	
54	Dual Inc 2 Ring Applicator	54	
47	Instruments	47	
36	Radionlcs Burglary System	36	
173	2-Usercode Keypad Lock Sets	173	
64	6 Aprons	64	
77	Portable Extremities Table	77	
168	5- Additional User License	168	
41	6-Armboard Pads & Legholder	41	
39	3-Table Mayo SS Pedal	39	
198	Surveillance System/Camera	198	
43	Heat Sealer Lif-Seal	43	
83	Leg Holder, Knee Arthoscopy	83	
106	Ambient Air Scope Cabinet	106	
120	Instrument Tray	120	
48	Forcep, Bipolar, Kleppinger	48	
161	Endo Flush	161	

**Orland Park Surgical Center
Asset Listing - NOT Specifically Identified**

Assets NOT specifically Identified In lien filings, outside of SB&T's blanket lien		Asset	Model #
Asset	Property Description	Tag #	
79	Transfer Cart	79	
53	Dyonics Power, Chuck	53	
117	1-Monitor Printing Upgrade	117	
78	Forceps Rigid Optical Biopsy, Endos	78	
165	8-Write Drop Boxes for New RR Bays	165	
80	Vasectomy Instrument, 7-Ring Clamps	80	
187	9-Solar Mesh Shades	187	
188	9-Solar Mesh Shades	188	
58	Instruments	58	
191	Actuator-For Heating Value	191	
154	8-Mindray PM9000 Monitor Wall Mount	154	
2	Overbed Tables	2	
128	Instrument Tray	128	
174	7- Acer X191WSD 19In Wide LCD Monitors	174	
21	3-Tables 24x60 SG-95-SS	21	
147	Light Bulb-Lamp Module, 300 XL Xenon	147	
162	Royal 1820 Copier	162	
130	4- Overbed Tables	130	
151	Appliances	151	
185	Sourcevision Software Initial Training	185	
121	LexMark Laser Printer	121	
103	Fixation Post Instruments	103	
98	Ambient Air Scope Cabinet	98	
113	Stryker Surgical Stool Chair	113	
133	Ultra-Lite Specialty Table	133	
108	Sinus Instruments, 2-Forceps, Probe	108	
197	Motion Sensor Camera	197	
145	Attest Autoreader-For Sterilizer	145	
132	Fax Machine	132	
38	Anes Equipment	38	
62	3- Wire Cutters	62	
178	2-Radiation. Xray Vests	178	
164	Utility Table, 4- Folding Chairs	164	
68	Sigmoidoscope 19mmx25cm	68	
33	7-15" Preview Monitors, CDW Computer	33	
146	2-View Boxes, 2-Chameleon Lamps	146	
160	42" Flat Screen LCD HDTV-Waiting Room	160	
100	Headlight, Spot, Binner, Cart	100	
115	Microscope, Lens for Scop	115	
141	Doppler Ultrasound	141	
85	Wheelchair w/ Leg Rest	85	
73	Universal Leg Holder	73	
20	8 Nitrous Oxide Compressed	20	
96	Intrafix Sheath Intrument/ Trial	96	
66	Install Circuit Wall Sign, Timer	66	
190	Sourcevision Software- Training	190	

**Orland Park Surgical Center
Asset Listing - NOT Specifically Identified**

Assets NOT specifically identified in lien filings, outside of SB&T's blanket lien		Asset	Model #
Asset	Property Description	Tag #	
29	8-Shelfs	29	
60	Instruments	60	
179	3-HI Back Task Chairs	179	
25	Bell Style Payphone	25	
57	Urology Supplies	57	
67	Uterine Cannula	67	
71	Thermocouple Monitor Model 6510	71	
16	33-Nitrogen Gas Cylinders	16	
94	Cannulated Hex Driver	94	
63	Mobile Rack	63	
49	2-Reusable Tourniquet Cuffs	49	
55	Digistime II Nerve Stimulator	55	
26	Refrigerator	26	
56	Finger Traction Apparatus	56	
65	Probe	65	
200	Probes and Speculums	200	
14	3-Kick Bucket	14	
17	Wheelchair Adult Tracer	17	
126	Tax Adjust on Vacuum Pump	126	
6	Biological Indicator	6	
1080	GE OEC Miniview 6600 "little C"	1080	SN-86-0788
1314	Arthrex Dualwave Pump #3	1314	
1317	Pump cart	1317	
1263	Dyonics Power II Control System	1263	
No tag	Harloff PEDs Cart	No tag	12713
No tag	Harloff PEDs Cart	No tag	12713
No tag	Harloff PEDs Cart	No tag	12713
1226	Nuvo Volante 750 operating table	1226	
No tag	Ohio 5400 Volume Monitor	No tag	
No tag	Ohmeda 5100 Oxygen Monitor	No tag	
No tag	Ohmeda 7000 Ventilator System	No tag	0229-1042-800
1023	Datascope GasModule II	1023	
No tag	Steris Amsco 3085 SP table	No tag	B432403152
1272	Dyonics Power II Control System	1272	
1024	Steris Flash Sterilizer #2 (3013 Prevoc Steam Sterilizer)	1024	3013
1176	Anesthesia Cart (no brand name)	1176	
1022	Datascope GasModule II	1022	
1156	Steris Amsco 3085 SP table	1156	B430605056
1224	Dyonics 300XL Xenon Light Source	1224	
1265	Dyonics Power II Control System	1265	
1316	Arthrex Dualwave pump #1	1316	
1138	Mitek VAPR 3	1138	
1269	Monitor Cart #4 (Promedical Inc.)	1269	
1064	Steris Flash Sterilizer #1 (3013 Prevoc Steam Sterilizer)	1064	
1167	SterradNX Sterilizer	1167	
1058	Steris Single Compartment Warner	1058	

Orland Park Surgical Center
Asset Listing - NOT Specifically Identified

Assets NOT specifically identified in lien filings, outside of SB&T's blanket lien		Asset	Model #
Asset	Property Description	Tag #	
1071	GE OEC 9800 Plus Mobile C-arm ("Big C") with Neurovas Monitory System	1071	85-1229
1069	Morgan Medesign operating table	1069	ELTM, 22247
1012	Modulus II Anesthesia System	1012	
1258	Ohmeda 7000 Ventilator System	1258	
1170	Ohio 5100 Volume Monitor	1170	
1116	Monitor Cart #5 (Promedical Inc.)	1116	
1049	Zelss OpMi-1 CM-5014	1049	
1253	FMS Duo - Fluid Management System	1253	
1008	Steris Amsco 2080L surgical table	1008	
1252	FMS Duo - Fluid Management System	1252	
1256	DePuy Mitek Stand	1256	
1084	Olympus Imaging Cart	1084	TI-1900
1085	Olympus Monitor OEV203	1085	OEV203
	Generators (?) per doctors		

DISCLAIMER:

The above information was compiled from the books and records of the company. The information was not audited or reviewed. Accordingly, HRP does not make any representations or warranties with respect to the accuracy, completeness or any other representation with respect to this information. It is not intended to be and may not be relied upon by any parties for any purpose, whatsoever. Any parties who receive a copy of this schedule do not become intended users of this schedule.

RECEIVED
SECRETARY OF STATE
UNIFORM COMM. CODE DIV.

2012 APR 12 PM 1:33

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

SG2

Corporation
801 ADLAW
Springfield, IL 62108

925



166101-3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

UCU104/12/12:02:6770:
20.00.00
SOSTL 15:20 17194712 FS

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

ORLAND PARK SURGICAL CENTER, L.L.C.

OR 1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

9550 WEST 167TH STREET

CITY

ORLAND PARK

STATE

IL

POSTAL CODE

60467

COUNTRY

USA

1d. SEE INSTRUCTIONS

ADD INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION
LLC

1f. JURISDICTION OF ORGANIZATION
IL

1g. ORGANIZATIONAL ID #, if any
00427926

☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. SEE INSTRUCTIONS

ADD INFO RE
ORGANIZATION
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of a SSIG NOR SP) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

STANDARD BANK & TRUST COMPANY

OR 3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

7800 W. 95TH STREET

CITY

HICKORY HILLS

STATE

IL

POSTAL CODE

60457

COUNTRY

USA

4. THIS FINANCING STATEMENT covers the following collateral:

All personal and fixture property of every kind and nature including without limitation all goods (including inventory, equipment and any accessions thereto), instruments (including promissory notes), documents, accounts (including health-care-insurance receivables), chattel paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not the letter of credit is evidenced by a writing), commercial tort claims, securities and all other investment property, supporting obligations, any other contract rights or rights to the payment of money, insurance claims and proceeds,
(See Attached Addendum)

5. ALTERNATIVE DESIGNATION (if applicable) ☐ LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILO ☐ SELLER/BUYER ☐ AS LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS ☐ AS AN ASSIGNMENT ☐ 7. Check to REQUEST SEARCH REPORT (S) on Debtor(s) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

IL-Secretary Of State

FILING OFFICE COPY - UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Corporation Service Company
2111 Centerville Rd, Ste. 400
Wilmington, DE 19804

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT		
1a. ORGANIZATION'S NAME		
OR 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX		
ORLAND PARK SURGICAL CENTER, L.L.C.		

10. MISCELLANEOUS: IL-Secretary Of State

UCU104/12/12:02:6770:
20.00 MU
SOSIL 15:20 17194712 FS

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only org name (11a or 11b) - do not abbreviate or combine names				
11a. ORGANIZATION'S NAME				
OR 11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX				
11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY				
11d. SEE INSTRUCTIONS	ADD INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only org name (12a or 12b)				
12a. ORGANIZATION'S NAME				
OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX				
12c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY				

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ future filing

14. Description of real estate:

16. Additional collateral description:
and all general intangibles (including all payment intangibles); whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.
Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction - effective 30 years
☐ Filed in connection with a Public-Finance Transaction - effective 30 years

FILING OFFICE COPY - UCC FINANCING STATEMENT ADDENDUM (FORM UCC1A) (REV. 05/22/02)

Corporation Service Company
2711 Centerville Rd, Ste. 400
Wilmington, DE 19808

connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

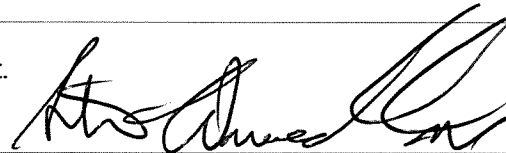
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 3, 2015**

X



Signature of individual signing on behalf of debtor

Steve Wardell

Printed name

Authorized Representative

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Orland Park Surgical Center, L.L.C., an Illinois limited liability company

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

For prior year:
From 1/01/2014 to 12/31/2014

Sources of revenue
Check all that apply

☐ Operating a business
☒ Other **Business Operations - 2014**

Gross revenue
(before deductions and exclusions)
\$3,041,036.00

For year before that:
From 1/01/2013 to 12/31/2013

☐ Operating a business
☒ Other **Business operations - 2013**

\$3,232,111.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Orland Park Surgical Center, L.L.C., an Illinois limited liability company****4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Standard Bank & Trust Company Attn A. Howaniec, VP Spec Assets 7800 W 95th St Hickory Hills, IL 60457	All Collateral pursuant to the Secured Obligations Satisfaction Agreement		Unknown

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Henderson v Advocate Health Centers, Orland Park Surgical Center, et al. Case No. 2014-L-004373	Medical malpractice complaint	Circuit Court of Cook County, Law Div.	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Comprehensive Services Associates Inc. dba Clinical Electronic Services v. Orland Park Surgical Center, LLC Case No. 15M51762	Breach of Contract	Circuit Court of Cook County, Mun. Div.	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Terry Arient, Independent Executor of the Estate of Kathy Arient, deceased v. Yasser Alhaj-Hussein, M.D., Illinois Anesthesia and Pain Associates, S.C., and Orland Park Surgical Center, LLC Case No. 12 L 14249	Negligence; summary judgment granted in favor of OPSC, no appeal or motion to reconsider filed by plaintiff	Circuit Court of Cook County, Law Div.	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.4. Health Facilities and Services Review Board v. Orland Park Surgical Center LLC Docket No. HFSRB 15-06	Notice of Intent to Impose a Fine	IL Health Facilities and Review Board	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None.

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Perkins Coie LLP Attn Daniel A. Zazove 131 S. Dearborn Street, Ste 1700 Chicago, IL 60603	\$15,000 advance payment	5/12/15	\$15,000.00
Email or website address			
Who made the payment, if not debtor?			

Debtor **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.2.	Barnes & Thornburg LLP Attn Daniel Lawler One N. Wacker Dr., Suite 4400 Chicago, IL 60606	\$15,000 advance payment	6/2015	\$15,000.00
	Email or website address			
	Who made the payment, if not debtor?			
11.3.	High Ridge Partners Attn Patrick Cavanaugh 140 S. Dearborn, Suite 420 Chicago, IL 60603	\$15,000 advance payment	5/2015	\$15,000.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

Debtor **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Orland Park Surgical Center 9550 W. 167th Street Orland Park, IL 60467	Surgicenter	
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	Access Records	Check all that apply: <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Medical Records

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
	Address		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

Access Records

Access

Medical Records

☐ No☒ YesAttn Lynda Geith
6902 Patterson Pass Rd,
Suite G
Livermore, CA 94550**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☒ No.☐ Yes. Provide details below.Case title
Case number

Court or agency name and address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☒ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?☒ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

Debtor **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**☒ None**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service
From-To**

26a.1. **Erika Horstmann**
Director of Operations
Pinnacle III
15042 Sunset Court
Homer Glen, IL 60491

until approximately
March 2015

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are
unavailable, explain why**

26c.1. **Access**
Attn Lynda Geith
6902 Patterson Pass Rd, Suite G
Livermore, CA 94550

Offsite storage of medical and other records

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**

27.1

As of 12/31/14**\$64,813 - Book Net Value of Office and
Medical Equipment****Name and address of the person who has possession of
inventory records**

Parkview Orthopaedic Group
7600 College Dr.
Palos Heights, IL 60463

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**

Case number (if known)

Name	Address	Position and nature of any interest	% of interest, if any
Robert Semba, M.D.	c/o PMI Diagnostic Imaging, LLC 7600 W.	President and on Board of Managers	
Name	Address	Position and nature of any interest	% of interest, if any
Steven Wardell MD	Parkview Musculoskeletal 7600 College D	Vice President and on Board of Managers	
Name	Address	Position and nature of any interest	% of interest, if any
Scott Glaser, M.D.	c/o Pain Specialists of Greater Chicago	Secretary/Treasurer and on Board of Managers	
Name	Address	Position and nature of any interest	% of interest, if any
PMI Diagnostic Imaging, LLC	7600 W. College Dr.	Member	50% owner, 114 of 128 units

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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Debtor **Orland Park Surgical Center, L.L.C., an Illinois limited liability company**

Case number (if known)

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 3, 2015**

Signature of individual signing on behalf of the debtor

Steve Wardell

Printed name

Position or relationship to debtor **Authorized Representative**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes